BRIAN SANDOVAL
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STATE OF NEVADA



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Member

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Member

TRACY DIFILLIPPO, ESQ

Consumer Member

SHELL MERCER, ESQ

Consumer Member

JULIE STRANDBERG Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245 Reno, Nevada 89502-5000 Fax (775) 688-1920

Telephone (775) 688-1921

Website: http://chirobd.nv.gov

Dear Sir or Madam:

To file a complaint with this board please complete and submit to this office at the above address the enclosed complaint form and authorization to release information. The complaint will not be accepted unless your signature is notarized.

Most complaints concerning fee disputes and/or billing procedures are not within this board's purview. If it is determined that your complaint is not valid or does not enter this board's jurisdiction you should receive written advice.

If the Board determines that your complaint is well founded, you may expect to be contacted pursuant to the complaint by a designated member of the Board.

Sincerely,

Julie Strandberg Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, Suite M-245; Reno, NV 89502; 775-688-1921

$\begin{cal}COMPLAINT\ FORM\ (Please\ Type\ or\ Print)\end{cal}$

| Please fill out the information below of | Please fill out <u>your</u> information below. |
|--|---|
| the <u>chiropractor</u> against whom you are | |
| filing this complaint. | |
| Chiropractor's Name: | Your Name: |
| Address | Address |
| 7.001.000 | 71001000 |
| Phone: | Phone: |
| escribe your complaint, including dates and legarding the conduct or actions of the chiroprocess, describe any harm or injury that you belied tions. Attach any paperwork in support of this | actor, which forms the basis of your complain eve resulted from the chiropractor's conduct of |
| | |
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| | |
| | |
| | |
| | |
| ny names, addresses and phone numbers of orroborate the above-described incident: | witness(es) and/or other persons who can |
| 1.Name | 2.Name |
| Address | Address |
| Phone: | Phone: |
| hereby attest that the above information is nowledge. | true and accurate to the best of my |
| ignature | Date |
| otary Publice | |

| Subscribed and sworn | to before me this |
|----------------------|-------------------|
| day of | , 20 |
| , | , |
| | |
| Signature | |
| | |